Condition of Refugee Camps in Jammu

*618. SHRI VAYALAR RAVI: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware of the bad conditions of refugee camps in Jammu;

(b) if so, the steps taken to improve the conditions of the migrants from the Kashmir Valley; and

(c) the steps taken to offer proper education to the children living in these camps?

THE MINISTER OF STATE IN THE PRIME MINISTER'S OFFICE (SHRI BHUVNESH CHATURVEDI): (a) and (b) Problems of camp-dwelling migrants at Jammu, which mainly relate to timely disbursement of relief, accommodation, medical facilities, facilities of sanitation, water supply, electricity, proper education of children and overall condition of camps, are reviewed periodically at high official level by Government of Jammu and Kashmir and all possible efforts are made to alleviate their difficulties.

(c) Three camp colleges, eight higher secondary schools and two high schools have been established in Jammu for migrant students. A sub-registry by Kashmir University has been opened in Jammu. Facilities are also being provided by various State Governments to migrant students for admission in various courses.

National Health Policy

*619, SHRI INDER KUMAR GUJRAL: Will the PRIME MINISTER be pleased to state: (a) whether Government have framed a National Health Policy; if so, what are the details thereof;

(b) whether Government propose to provide due medical care including medicines to all the citizens of the country free of cost;

(c) if not, what are the reasons therefor;

(d) whether it is a fact that with the improvised infrastructure with ill-equipped, unhygienic hospitals with non-existent supply of medicines and impolite and curt staff, Government's objective of providing due health care to people has been defeated; and

(e) the steps Government propose to take in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) National Health Policy has been adopted by the Government of India with the approval of the Parliament in 1983. The objectives envisaged under National Health Policy are:

(i) Commitment to the goal of 'Health for All by 2000 A.D.' through comprehensive primary health care approach and community participation.

(ii) Adoption of the small family norm.

(iii) Re-structuring of medical and health education to support the manpower requirements.

(iv) Dissemination of health education amongst the community.

(v) To develop a referral system.

(vi) To establish epidemiological stations with duly trained staff.

(vii) Rehabilitation of the mentally retarded, deaf, dumb, blind, physically disabled, infirm and aged & according priority to tribal, hilly and backward areas.

(viii) Involving I.S.M. & homoeopathic practitioners in the health care delivery systems.

(ix) Launching important National Health Programme.

(x) Developing research in the bio-medical and allied sciences.

(xi) Developing Health Information Management System.

The targets and achievements set under the National Health Policy, 1983 alongwith its current level of achievements are enclosed. As statement *(see* below).

(b) to (c) The provision of Health Care Services is a State subject under the Constitution and the States are primarily responsible for meeting the preventive, promotive and curative health needs of people for which infrastructure is strengthened through each successive Five Year Plans. In the rural areas, health services arc being extended to the people through a network of rural health infrastructure comprising 1.32 lakh sub-centres, 21,254 primary health centres and 2,828 community health centres. The major thrust areas identified for development in the 8th Plan *inter-alia* include consolidation of infrastructure set up in the rural areas, control/eradication of major communi-cable and non-communicable diseases afflicting the population. In the Urban areas, health facilities are provided through sub-divisional and district hospital/tertiary level hospitals/medical colleges and institutions run by Central/ State Govts., Voluntary and private organisations. Within the resources available, priorities are so determined as to have the widest impact on those who cannot afford to pay for medical care. The Control of communicable and non-communicable diseases has been considered to be one of the most major areas where attention should be focused and accordingly these programmes are being implemented as Centrally Sponsored Schemes.

A large number of drugs including life saving drugs and antibiotics are given free of cost to the patients undergoing surgical operations and emergency treatment in Central Govt. Hospitals. Free diagnostic and investigative facilities are provided to all the persons from the weaker sections. Operations are performed and post operative services are provided free of cost in the Central Government Hospitals. Hospitals and dispensaries are also being strengthened with modern diagnostic and treatment facilities and trained manpower during successive Annual Plans.

Proposals for further strengthening of Health Infrastructure as received from certain States have been posed to the World Bank.

Coals for Health and Family Welfare Programmes Level as Quoted in National Health Policy Vis-a-Vis Achievements

S.No.	Indicator	Level as Quoted in NHP	GOALS			Achievements Latest	
			1985	1990	2000	1910	Avanable Figures
1	2	3	. 4	5	6	7	8
1.	Infant Mortality Rate						
	Rural	136(1978)	122			86	82
	Urban	70(1978)	60			50	45
	Cambined	125(1978)	106	37	Below 6080		74(1993)
	Perinatal Mortality	67(1976)			30-35	49.6	46(1991)
2.	Crude death rate	Around 14	12	10.4	9.0	9.6	9.2(1993)

1	2-	3	4	*5*	*6*	7	8
3.	Pre-School Child (1—5 Yrs.) mortality	24(1976-77)20-24		15-20	10	26.5	26.5 (1991)
4.	Maternal mortality rate	4-5(1976)	3-4	2-3	Below	4	4(1991)
5.	Life expectancy at birth (Yrs.) Male (1976—81)	52.6	55.1	57.6	64	58.1 (1986—91)	60.6 (1991-96)
	Female	51.6(1976-81)	54.3	57.1	54	59.1 (1986-91)	61.7 (1991-96)
6.	Babies with birth weight below 2500 gms (percentage)	30	25	18	13	—	30
7.	Crude birth rate	Around 35 31		27.0	21.0	29.9	28.5 (1993)
8.	Effective couple Protection (Percentage) (March, 82)	23.6 37.0		42.0	60.0	44.1 (March, 91)	
9.	Not reproduction rate (NRR)	1.48(1981)	1.34	1.17	1.0	__	1.6
10.	Growth rate (annual) (1971-81)	2.24	1.90	1.66	1.20		1.9 (1992)
11.	Family Size	4.4(1975)	3^		2.3	4 988)	
12.	Pregnant Mothers receiving ante-natal care (%)	40-50	50-60	60-75	100	60(1988)	
13.	Deliveries by trained birth attendants (%)	30-35	50	80	100	40-50	47.3 (1992)
14.	Immunization status (% Coverage) TT (for pregnant Women)	20	60	100	100	78.16	82.48 (1993-94)
	TT (for school children) 10 year		40	100	100	60.5	60.5
	16 years	20	60	100	100	86.45	86.45

1	*2*	3	4	5	*6*	*7*	*8*
	DPT (Chidren below 3 years)	25	70	85	85	98.19	93.10 (1993-94)
	Polio (infants)	5	50	70	85	101.51	93.5" (1993-94)
	BCG (infants)	65	70	80	85	101.51	96.95 (1993-94)
	DT (New School entrants 5-6 years)	20	80	85	85	82.0	82.0
	Tyhoid (New school entrants 5-6 years)	2	70	85	85	62.6 (1987-88)	62.5
15.	Leprosy-percentage of disease arrested cases out of those detected.*	20	40	60	80	65.0	74.86
16.	TB Percentage of disease arrested cases out of those detected	50	60	75	90	66	66
17.	Blindness prevalence (%)	1.4	1	0.7	0.3	1.49	1.49

* Cases cured after 1983 out of the 4 million estimated laprosy cases.
NHP—Natinal Health Policy.
Source—National Health Policy, 1983**

स्तन रोगों के मामले

***620. श्री गोपाल सिंह जी० सोलंकी:** क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या देश में स्तन रोग तथा स्तन कैंसर के मामलों में भारी वृद्धि हुई है;

(ख) यदि हां, तो गत तीन वर्षों के दौरान ऐसे कितने मामलों का पता चला है;

(ग) इस रोग के मामलों में भारी वृद्धि होने के क्या कारण हैं;

(घ) क्या उक्त अवधि के दौरान गुजरात और बम्बई में ऐसे मामलों का पता चला है;

(ङ) क्या राष्ट्रीय कैंसर नियंत्रण कार्यक्रम का पुनरीक्षण करने का कोई प्रस्ताव है; और

(च) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (डा० सी० सिल्वेरा): (क) से (घ) राष्ट्रीय कैंसर रजिस्ट्री कार्यक्रम (आई सी एम आर) के आंकड़ों से स्तन कैंसर की दर में अल्प वृद्धि का संकेत मिलता है। इस वृद्धि का कारण ज्ञात नहीं है। वर्षवार/राज्यवार आंकड़े उपलब्ध नहीं हैं।

(ङ) और (च) फिलहाल राष्ट्रीय कैंसर नियंत्रण कार्यक्रम की समीक्षा करने का कोई प्रस्ताव नहीं है।